

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: All Providers
Managed Care Plans

Memorandum No. 04-56 MAA
Issued: July 15, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For further information, see:
<http://hrsa.dshs.wa.gov/mip>

Kathy Leitch, Assistant Secretary
Aging & Disability Services Administration (ADSA)

Tim Brown, Assistant Secretary
Health & Rehabilitation Services Administration (HRSA)

Subject: Washington Medicaid Integration Partnership (WMIP) Project

<p>Effective January 1, 2005, up to 6,000 SSI and SSI-related clients in Snohomish County will be enrolled in a voluntary managed care pilot program. This program will integrate medical, outpatient mental health, and alcohol and substance abuse treatment services using a contracted health care plan.</p>

The Washington Medicaid Integration Project

Beginning January 1, 2005, up to 6,000 Medicaid clients who receive benefits under the Supplemental Security Income (SSI) program or SSI-related programs and who reside in Snohomish County will be enrolled in a pilot managed care program. Under this program, clients will have medical, outpatient mental health, and chemical dependency services provided by a health care service contractor. DSHS plans to also incorporate long term care services in July 2005. Department of Social and Health Services (DSHS) issued a Request for Proposal to potential contractors in November 2003 and have named an apparently successful bidder, Molina Healthcare of Washington.

Why is DSHS implementing the WMIP project?

The current system of providing care to these clients involves separate DSHS divisions that traditionally have not been designed to coordinate their approaches to treating clients. Integrating Medicaid benefits gives the combined programs the opportunity to create a medical home for clients and assist them in managing their health care needs. Coordinating these services will help prevent unnecessary hospitalizations, postpone placements in nursing homes, help eliminate duplicate prescriptions, and avoid the use of the emergency room for conditions that are more appropriate for physician office visits.

How will clients enroll in this project?

Enrollment in the WMIP is voluntary; however, certain clients in the SSI or SSI-related medical programs will automatically be enrolled in the WMIP program. Enrolled clients may notify MAA at any time if they do not wish to participate. The WMIP pilot will not include children under 21 years old, Healthy Options enrollees, or recipients of Temporary Assistance to Needy Families (TANF) benefits.

Clients on the SSI or SSI-related programs in the following categories will not be enrolled in WMIP unless the client specifically requests to participate:

- Clients who are eligible for both Medicare and Medicaid (“dual eligibles”)
- Clients who are American Indians or Alaska Natives

Enrollment in WMIP will be indicated with an acronym in the “HMO” column on the Medical ID Card. If the column is blank, the client is fee-for-service for the remainder of the month listed on the Medical ID Card.

What services will the WMIP contractor cover?

The WMIP contractor will cover the following services:

- Alcohol/Drug detoxification services;
- Ambulance transportation;
- Ambulatory surgery center services;
- Blood, blood components, and human blood products;
- Care coordination services (includes: initial needs assessment, care planning coordination, communicating with all providers on client’s health care team, etc.);
- Disease management services;
- Durable medical equipment and supplies;
- Emergency and post-stabilization services;
- General medical services (medical examinations including wellness exams, immunizations, enrollee health education, surgical services);
- Hospice services;
- Inpatient medical hospitalization services;
- Laboratory, radiology, and other medical imaging services;
- Occupational, speech, and physical therapies;
- Outpatient chemical dependency treatment services;
- Outpatient hospital services;
- Outpatient mental health services;
- Oxygen and respiratory services;

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- Pharmaceutical products;
- Tissue and organ transplants;
- Treatment for renal failure; and
- Vision care.

What services will continue to be covered by DSHS but will not be covered by the WMIP contractor?

The WMIP contractor will not cover the following services:

- Dental care, prostheses, and oral surgery;
- Eyeglass frames, lenses, and fabrication services;
- Hearing aid devices;
- Inpatient mental health hospitalizations;
- Inpatient chemical dependency treatment services;
- Long term care (DSHS has plans to include this benefit in 2005);
- Medical interpreters;
- Medical transportation services other than ambulance;
- Opiate substitution treatment;
- Sterilizations;
- Tuberculosis (TB), Acquired Immune Deficiency Syndrome (AIDS), and Sexually Transmitted Disease (STD) tests at health departments or family planning centers; and
- Voluntary termination of pregnancy, including complications



Note: For more detail about contractor covered services, visit the WMIP contract at the WMIP website at <http://maa.dshs.wa.gov/mip>.

Contact information

If you have questions, you may contact Brett Lawton, 360-725-1593, lawtobl@dshs.wa.gov, P.O. Box 45530, Olympia, WA 98504-5530.

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.